



Minnesota Board of Cosmetologist Examiners
2829 University Avenue Southeast, Suite 710 • Minneapolis, MN 55414
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Salon License Renewal Application

A license becomes eligible for renewal 10 weeks before its expiration date. Renew online or submit this application with payment to the address listed above. Checks or money orders may be made payable to "BCE". Allow up to 15 business days for application processing.

Salon Licenses may only be late renewed up to 30 days after the license expiration date. After 30 days, a new Salon License Application must be submitted.

Select Appropriate Fee If a complete and accurate application is not received by your license expiration date, you will owe a \$50 late fee.

☐ \$225 Salon License Renewal Fee

☐ \$275 Salon License Late Renewal Fee

Salon Information

11/2015

Salon Name/DBA		Street Address	
Tax ID or SSN		City, State, Zip Code	
Phone Number		Email Address	
License Number		License Expiration Date	
Insurance Company		Agent Name	
Professional Liability Policy Number		Agent Phone Number and/or Email Address	

Owner Information

Owner/Company Name		Business Type	
Owner Address		Owner Email Address	
Has the salon's ownership changed since the most recent license was issued? ____ No ____ Yes If yes, the most recent license is invalid and a Salon License Application is required.			

Designated Salon Manager Acknowledgements

Name		License Type	
License Number		License Expiration Date	

"I, the Designated Licensed Salon Manager for the salon listed in this application, certify that I, with the owner, am the responsible party of this salon. These responsibilities include, but are not limited to, items A-F below."

- A. Ensuring the salon license and practitioner licenses, including my own, are current. Penalties and fines, including a minimum \$150 lapsed practitioner fine, can be assessed if any individuals are working on an expired license.
- B. Ensuring all equipment is in proper working condition and that all safety and infection control requirements are met.
- C. Ensuring the salon complies with all infection control requirements and Minnesota Rules 2105.0350 through 2105.0390.
- D. On the days I am not working or on a break, I may appoint, but am not required to appoint another licensed salon manager as responsible while I am absent. They assume the responsibilities listed here.
- E. Understanding an individual cannot be a DLSM at two locations, unless they are never open at the same times.
- F. If I leave this salon or quit managing, I will notify the Board of this so I am no longer listed as responsible for this salon's compliance with Minnesota laws and rules.

Salon Manager Signature: _____ Date: _____

Certification

TENNESSEN WARNING: The Board will use information provided on this form to determine if you meet the requirements for licensure. You are not legally required to provide any of the requested information. Failure to provide information, however, will result in the denial of your application for initial licensure or renewal of your license. Submitting false information is grounds for denying your license or suspending, revoking, or taking other disciplinary action against your license after it is issued. While your licensure is pending, the information submitted, except your name and address, are considered private and will generally not be disclosed outside the Minnesota Board of Cosmetologist Examiners. In circumstances authorized or required by law, however, it may be disclosed to others including persons contacted for purpose of verification or investigation, and the Attorney General's Office. Certain information on the application, including your social security number, will be provided to the Minnesota Department of Revenue at its request. If the matter of your licensure becomes contested, the information submitted on an application may become public. Once you are licensed, the information submitted on the application becomes public, except your social security number, which remains private. Before the Board issues a license, individuals and businesses are required by Minnesota Statutes to provide certain data. Individuals: Social security numbers are required by Minnesota Statutes, section 270C.72. Businesses: Minnesota business identification number and information requested concerning Workers Compensation Insurance is required by Minnesota Statutes.

I certify that all information submitted within this application is true and correct. Further, I have read and acknowledge receiving the Tennessee Warning.

Owner Signature: _____ Date: _____

For BCE Office Use Only:	Amount:	C/MO #:	Processor:	Date Processed:
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